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ABSTRACT

Like most Western countries, Switzerland experienced an increased birth rate following World War II, followed by decades of slower growth. However, the number of those over 65 will have increased five-fold during the 20th century, and the number of those over 80 will have increased ten-fold. Thus, there is a smaller number of young people to support an aging population. With a growing number of elderly persons, Switzerland has striven to establish sound policies and practices at all levels. A comprehensive old-age policy began in 1947, with adoption of Old Age Insurance. However, the Swiss have realized that providing for old age involves more than money. It involves making life attractive to the elderly and necessitates providing services during health as well as during illness. It involves society's attitude toward the elderly and their integration in the population. A comprehensive approach was begun in 1966 through the publication of the report "Old Age in Switzerland." This document expressed the needs for more than pensions for older persons. It recognized the need for improved social services, more retirement and nursing homes, and additional geriatric medical services. With the population of the aged increasing rapidly, however, the magnitude of the challenge is formidable even for the frugal Swiss. It will require cooperation at all levels of government, the family, and the private sector to meet the growing needs of the elderly. (KC)

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SUPPORT SERVICES FOR THE AGED IN SWITZERLAND

BY

LEO L. NUSSBAUM

DIRECTOR

ACADEMY OF SENIOR PROFESSIONALS AT ECKERD COLLEGE

INTERNATIONAL EXCHANGE CENTER ON GERONTOLOGY
at the UNIVERSITY OF SOUTH FLORIDA
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INTERNATIONAL EXCHANGE CENTER ON GERONTOLOGY

University of South Florida
P.O. Box 3208 Tampa, Florida 33620
(813) 974-3468

THE ORGANIZATION AND ITS MISSION

The International Exchange Center on Gerontology is an organization of centers and programs for gerontological research and teaching in both public and private universities throughout Florida. The University of South Florida is the headquarters or "host institution" for the IECG. The Center is new, having received its permanent funding in 1982, and operates under a Director and an Advisory Board of representatives from the participating universities.

The purpose of the IECG is to make available to policymakers in the State the best information that can be secured on policies, programs, and services for the elderly. This means collecting and analyzing experiences in such areas as transportation, health care, income security, housing, social services, nutrition, and other subjects that have a significant meaning in the daily lives of our elderly citizens. To carry out this mission, the IECG must communicate with political leaders, program administrators, academic institutions, and with experts in gerontology throughout the United States and the world.

Special attention will be given to program innovations, and to experiences that reveal both strengths and weaknesses in various approaches that have been tried in addressing the aspirations and needs of the elderly. Careful and frank exchange of information, and thorough analysis of policies and programs by policymakers and specialists in higher education offer an opportunity for examination from both theoretical and practical perspectives.

Florida has a unique opportunity for leadership in this field through the Center. Its concentration of elderly persons, and innovative programs like community care for the elderly, demonstrate the possibilities for both give-and-take of experiences. With assured continuing support, a small but highly qualified staff and faculty available in higher education throughout Florida, the IECG can develop a program that will greatly benefit all states. The pressures on state leadership to come up with wise decisions in human services is especially intense under the changing federal emphasis. The initiative is shifting more and more to the states, as federal funding is reduced. Useful information exhange will help state leadership to make increasingly difficult choices among competing priorities for limited funds.

Against the backdrop of a future which will feature exponential economic growth in the State, the influx of growing numbers of persons of working age, and the continuing increase in the number of persons over 60, Florida's policymakers need the best intellectual resources and insights that can be tapped. As a center for collecting, analyzing, and disseminating information of this quality and depth, the higher education community can be of inestimable service to the political and administrative leadership of Florida. The IECG can serve as a vital link between the universities and colleges, and state and local governments.

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FOREWORD

Harold L. Sheppard, Director
International Exchange Center on Gerontology

The author of this report on services for the aged in Switzerland, Dr. Leo L. Nussbaum, is Director of the Academy for Senior Professionals at Eckerd College, in St. Petersburg, Florida. The Academy itself is worth reporting on, since it embodies a key principle in gerontology, the continued contribution by retirees. Dr. Nussbaum, President of Coe College from 1970 to 1982, is himself of Swiss ancestry and has continued to keep informed about developments in that country.

In many ways, Switzerland is a microcosm of many urban post-industrial societies, as far as age structure and policies regarding the elderly are concerned. This is especially true demographically. A declining birth rate and an increase in the elderly population (due primarily to high birth rates in decades past, not improved mortality rates) have resulted in the aged as an increased proportion of the total Swiss population. If this pattern continues, and especially if immigration stabilizes or declines, the lower birth rate will lead to a smaller labor force. This, in turn, could mean a potential strain on the economic base needed to support the rising proportion of nonworking elderly Swiss. This prospect could have been one of the decisive factors prompting the citizens of Switzerland to reject -- by plebiscite -- a 1979

proposal to reduce the pension age. This was at a time when many other European countries did move to lower their pension ages.

While Dr. Nussbaum cites Swiss authorities who expect no increase in life expectancy, it will be interesting to see whether, during the next decade or so, biomedical breakthroughs nevertheless result in increased life expectancy for Switzerland's adults. This has already been happening in the United States. Most demographers do tend to be conservative when making projections about the size of the 65-plus population.

In any event, support services for the elderly will continue to be one of the emerging challenges for the remainder of this century and beyond. One of the bright spots of the Swiss scene is the emphasis on providing services during health, and not only in times of illness. Some observers of the American situation might be tempted to advocate a similar philosophy for the United States.

On the other hand, some of the problems of the two countries are similar. For example, both countries have a need for housing for the elderly, as well as the dilemmas associated with older persons in need of care but who stubbornly stay on in their large homes, "sometimes with no rational plan for dealing with their limitations, even if their financial resources may be plentiful." It is important, judging from Dr. Nussbaum's observations, to bear in mind that the problems of the aged are not always problems stemming from inadequate income. Adequate

income does not automatically mean adequate services, and as Dr. Nussbaum writes, there is the ever-present need for positive self-perception and social status that is not easily achieved and maintained upon entering the world of the retired.

There are many positive features of growing old in Switzerland which are outlined in the report. The International Exchange Center on Gerontology hopes that it will stimulate a broader and deeper interest in aging around the world, so that we might both develop greater insights and consider new policies and practices that could benefit our own aged citizens.

SUPPORT SERVICES FOR THE AGED IN SWITZERLAND

The programs of support and services which the people of Switzerland provide for the elderly are best understood in the context of some of this nation's basic features and characteristics.

Usually referred to as a federal republic, the official name of Switzerland is the Swiss Confederation which consists of 26 cantons (six of which are demi-cantons), each of which is a separate sovereign republic. In addition to the confederation of the cantons, there is a less formal entity known as the community (Gemeinde). In the larger cities, the municipality constitutes an additional political unit.

Switzerland has a land area of 15,943 square miles, about half the size of the state of Maine, with a population estimated in 1982 as 6,384,300. The Swiss have forged national unity through the use of four official languages - German, French, Italian and Romansch - and maintained for 700 years the world's oldest and one of its most verile democracies by federating the diverse races, religions, languages and cultures. They have developed an almost unrivaled standard of living; their economy is one of the strongest among the nations of the world.

Throughout their history as a democratic people, the Swiss have jealously guarded their popular sovereignty by retaining substantial direct jurisdiction resulting each year in national plebiscites, referendums and initiatives on a wide range of issues and subjects. Constitutional changes are accomplished through plebiscites; laws passed by the federal parliament frequently are challenged through the petition which may result in a referendum.

Swiss citizens proudly assert their individuality; communities fiercely debate issues and rights with a delicate sense of avoiding the point of fracture; cantons at times emphasize their distinctiveness through non-conformity. Two examples: while women were given the vote and the right to hold office in federal elections in 1971 and a constitutional amendment stating that "Men and women have equal rights" was adopted in 1981, certain of the cantons have steadfastly refused to grant women the right to vote in cantonal affairs. After more than ten years of separatist agitation; in 1979 Jura became a canton separated from canton Bern, the first new canton since the establishment of the Swiss Confederation in 1848.

Demographic Features

The demography of Switzerland has generally shown fluctuations similar to those evident in many western countries, rapid increase in population after World War II, followed by decades of slower growth.

TABLE 1

Population of Switzerland

Year	Population	Percent of Change
1941 census	4,260,179	
1950 census	4,716,900	+17.2%
1960 census	5,429,061	+15.1%
1970 census	6,269,783	+15.5%
1980 census	6,365,400	+ 1.5%
1982 estimated	6,384,300	+ .3%

The population of Switzerland increased by 50% during the 41 years between 1941 and 1982. During the nine years, 1941-1950, the population increased by 17.2%; during the ten years, 1950-1960, the increase was 15.1%. For the decade 1960-1970, the increase was 15.5%. A sharply reduced rate of increase is evident with a growth between 1970 and 1980 of only 1.5%. If the estimate for 1982 is reasonably accurate, the population increase for the two year period, 1980-1982, is about .3%.

The birth-rate during this century declined until World War II. After the war it reached a peak in 1964. Since then the birth-rate has again declined and is approaching the mortality-rate indicating that the population total will decrease if there is not an increase in fertility or in immigration.

The Swiss project that mortality in the future will decrease slightly

in all age groups, but that it will not have any decisive effect on the age structure of the population. Rather, the larger effects will derive from the birth-rate and from migrations, in and out. Migrants have been numerically significant, particularly from Italy and other southern European coutries who came during their reproductive period of life as menial workers. The recession of the latter 70s in turn provoked an emigration.

The demographic effect shows a rapid decline in the number of young people, a considerable increase among the elderly, with the middle group which is the potential work force remaining practically unchanged. Current indications project a continuing decline among the young, leading to a significant reduction in the work force and a large increase among the elderly.

Census records combined with demographic projections indicate that the population of Switzerland will have approximately doubled during the twentieth century; the age group 65 and older will have increased five-fold; the number of those 80 and over will have increased ten-fold. Thus, the very old will constitute an increasingly larger proportion of the population, while women will far outnumber the men.

The latest data indicate that life expectancy in Switzerland for men is 72, and for women, 76; demographers and gerontologists contend that they do not expect a significant increase in life expectancy.

Throughout the years, both vocational school and university enrollments showed uninterrupted growth, though at declining percentage rates with a 1981-82 increase of 7.29% and 9.0%, respectively.

TABLE 2
Recent Enrollment in High Schools

Year	Pupils	Percent of Change
1974-76	364,800	
1977-78	418,800	+14.8%
1979-80	427,900	+ 2.17%
1981-82	420,900	- 1.63%

Data on high school enrollment for parallel years show declining percentage increases through 1979-80; in 1981-82, the first decrease of 1.63% is evident.

Enrollment in the primary grades is universal; recent statistics showing the decline in the enrollment in primary schools are demographically pertinent.

TABLE 3

Recent Enrollment in Primary Grades

Year	Pupils	Percent of Change
1975-76	519,458	
1977-78	537,600	+ 3.37%
1979-80	506,100	- 6.2%
1981-82	459,700	- 7.7%

Enrollment in all primary schools as shown above, indicates a peak in 1977-78, with an increase from 1975-76 of 3.37%; during the two year period 1977-78 and 1979-80, the decline began with a decrease of 6.2%; during the two year period ending in 1981-82, the decrease had grown to 7.7%.

Certain demographic patterns are evident in the table comparing population data between 1960 and 1970.

While youth age 19 and younger increased by 12.6%, those in the age bracket 20 to 64 increased slightly more, by 14.7%; however, those 65 and older increased at a rate twice as large, by 28.9%.

Comparing the sexes, at age 19 and younger, men increased slightly more rapidly, 12.8%, women by 12.5%. In the middle bracket, 20 to 64, increase of men prevails and is slightly more rapid, 16.3%, compared with 13.1% for women. However, in the age group 65 and older this is sharply reversed; women increased by 31.2%, men 25.7%.

Those 65 and older increased most and the women substantially out-paced the men.

TABLE 4

RESIDENTS OF SWITZERLAND BY AGE, EMPLOYMENT AND SEX: COMPARING CENSUS DATA OF 1960 and 1970

Age Categories	1960 Actively Employed: Self-employed	1960 Actively Employed: Employees	1960 Sub-Total	1960 Retired, Disabled, Unemployed	1960 Total	Age Categories	1970 Actively Employed: Self-employed	1970 Actively Employed: Employees	1970 Sub-Total	1970 Retired Disabled Unemployed	1970 Total	Percent of Change
			Men						Men			
0 - 19	109	151,258	151,367	717,549	868,916	0 - 19	104	145,089	145,193	834,993	980,186	+12.8
20 - 64	266,192	1,241,822	1,508,014	55,991	1,564,005	20 - 64	239,686	1,496,527	1,736,213	83,048	1,819,261	+16.3
65 & older	43,404	53,208	96,612	133,899	230,511	65 & older	31,891	59,991	91,882	197,997	289,879	+25.8
Total	309,705	1,446,288	1,755,993	907,439	2,663,432	Total	271,681	1,701,607	1,973,288	1,116.038	3,089,326	+16
			Women						Women			
0 - 19	145	132,925	133,070	700,081	833,151	0 - 19	64	128,902	128,966	807,980	936,946	+12.5
20 - 64	43,919	543,828	587,747	1,021,002	1,608,749	20 - 64	34,883	817,616	852,499	966,407	1,818906	+13.1
65 & older	11,732	23,869	35,601	288,128	323,729	65 & older	6,075	34,949	41,024	383,581	424,605	+31.2
Total	55,796	700,622	756,418	2,009,211	2,765,629	Total	41,022	981,467	1,022,489	2,157,968	3,180,457	+15
			Men and Women						Men and Women			
0 - 19	254	284,183	284,437	1,417,630	1,702,067	0 - 19	168	273,991	274,159	1,642,973	1,917,132	+12.6
20 - 64	310,111	1,785,650	2,095,761	1,076,993	3,172,754	20 - 64	274,569	2,314,143	2,588,712	1,049,455	3,638,167	+14.7
65 & older	55,136	77,077	132,213	422,027	554,240	65 & older	37,966	94,940	132,906	581,578	714,484	+28.9
Total	365,501	2,146,910	2,512,411	2,916,650	5,429,061	Total	312,703	2,683,074	2,995,777	3,274,006	6,269,783	+15.5

Source: Die Altersfragen In Der Schweiz (Neubearbeitung 1979), Bericht der Kommission für Altersfragen, Zweite Umfassung, Blattseite 115.

In contrast to the earlier decade, between 1970 and 1980 in the age bracket 0 to 19, there was a decline of nearly 10% among both males and females. Between 20 and 64, there was only a slight increase of 3.1% total male and female.

By far the greatest percentage change occurred among those 65 or older, an increase of 21.9% among men and 24.5% among women, with a combined increase of 24.3%.

The total population for the decade was almost stable, with a net increase of only 1.5%.

Initial Policies on Retirement

Switzerland, with a growing number and proportion of elderly persons, has striven to establish sound policies and practices at all levels: federal, cantonal, regional and communal, supplemented by the private sector. A comprehensive old-age policy began in 1947 with adoption by a vast majority in a plebiscite of a federal law on Old Age Insurance, which has been revised and improved periodically.

But the Swiss realized that retirement policy involves much more than pensions. Retirement policies require making life attractive to the elderly and necessitate providing services which the aged need during health as well as during illness. It includes not only providing for the retired, but also involves society's attitude toward the elderly and their integration in the population. "Just as a society provides the young with a harmonious development thorugh schooling and apprenticeships, so it should also establish policies and practices to ease the transition from productive employment into the years of retirement."[1]

The 1979 Study Report

To provide broad perspective and to propose policy direction, a report was published in 1966, titled Die Alters Fragen in der Schweiz (Old Age in Switzerland). Later, this was followed by appointment of a national commission during the latter 70s which in 1979 produced a comprehensive revision under the same title. This report deals with demographic developments, progress in medicine, social changes, improved economic conditions for the elder-

TABLE 5

RESIDENTS OF SWITZERLAND BY AGE, EMPLOYMENT AND SEX: COMPARING CENSUS DATA OF 1970 and 1980

1970						1980						
Age Categories	Actively Employed		Sub-Total	Retired, Disabled, Unemployed	Total	Age Categories	Actively Employed		Sub-Total	Retired, Disabled, Unemployed	Total	Percent of Change
	Self-Employed	Employees					Self-Employed	Employees				
			Male						Male			
0 - 19	104	145,089	145,193	834,993	980,186	0 - 19	103	148,546	148,649	739,005	887,654	-09.4
20 - 64	239,686	1,496,527	1,736,213	83,048	1,819,261	20 - 64	234,692	1,537,205	1,771,897	101,839	1,873,736	+03.
65 & older	31,891	59,991	91,882	197,997	289,879	65 & older	23,610	29,601	53,211	300,211	353,422	+21.9
Total	271,681	1,701,607	1,973,288	1,116,038	3,089,326	Total	258,405	1,715,352	1,973,757	1,141,055	3,114,812	+00.8
			Female						Female			
0 - 19	64	128,902	128,966	807,980	936,946	0 - 19	89	127,617	127,706	717,921	845,627	-09.7
20 - 64	34,883	817,616	852,499	966,407	1,818,906	20 - 64	36,558	928,098	964,656	972,384	1,877,040	+03.2
65 & older	6,975	34,949	41,024	383,581	424,605	65 & older	3,747	21,828	25,575	502,906	528,481	+24.5
Total	41,022	981,467	1,022,489	2,157,968	3,180,457	Total	40,394	1,077,543	1,117,937	2,133,211	3,251,148	+02.2
			Male and Female						Male and Female			
0 - 19	168	273,991	274,159	1,642,973	1,917,132	0 - 19	192	278,163	276,355	1,456,926	1,733,281	-09.6
20 - 64	274,569	2,314,143	2,588,712	1,049,455	3,638,167	20 - 64	271,250	2,465,303	2,736,553	1,074,223	3,750,776	+03.1
65 & older	37,966	94,940	132,906	581,578	714,484	65 & older	27,357	51,429	78,786	803,117	881,903	+24.3
Total	312,703	2,683,074	2,995,777	3,274,006	6,269,783	Total	298,799	2,792,895	3,091,694	3,274,266	6,365,960	+01.5

Source: Bundesamt für Sozialversicherug, Bern, Die Schweiz, 1984.

ly, retirement policies, housing and health care, and leisure activities, in the context of both public and private agencies and the respective financial support.

Despite the growing national interest in and awareness of the needs of the aging and attendant problems, Switzerland does not have any institute which specifically addresses gerontological research. There are various research teams working at universities, in hospitals and in private enterprises. Some hospitals have established geriatric rehabilitation sections but Swiss medical schools do not have any departments of geriatrics. This is a matter of substantial concern among some leaders in the field of geriatrics. One physician, chief of the geriatric rehabilitation division of a leading hospital, expressed the view that the politicians are way ahead of the medical profession in actively planning for the needs of the aging population, particularly in geriatric rehabilitation, although the Swiss Society of Gerontology, an organization for research into the aging process, has been extant since 1953.

Social Factors of Aging

In the publication, Old Age in Switzerland, one chapter is devoted to the social factors of aging, contending that aging is more problematic from the social than from the medical standpoint. In Switzerland, as in most of the western industrial nations, the elderly are not accorded much status, are not well accepted, which among the aging tends to result in a condition of anxiety. The elderly, rather than accepting their age with self-confidence, pose to be younger than they are; and with the improved health among the aging they also appear younger than persons of similar years in many other societies of the world. Quotations from that report follow:

"The necessity of a different self-perception and adaptation begins with suitable age-related responses to one's physical changes such as reduced intellectual performance and sensory responses, altered metabolic rates, and decrease in sexuality. Combined with these experiences is the changed image which society has of the retiree giving up his role as an active citizen or his position of leadership often complicated by reduced financial resources."

"Dramatic and frequently difficult changes may also occur within the family; children of the aged, now mature, have their own families which are their primary focus. Loss of a spouse, close friends and acquaintances, greatly

accentuate the loss of one's own independence, which often results in the necessity of accepting help from strangers, made the more painful when one has to give up his own home of many years, or perhaps a lifetime. Compounding all these changes, is the spiritual confrontation of one's own prospective death."

Meanwhile, rapid social change is the milieu, with differences in values between the generations and the tendency toward a sub-culture of the older generation isolated from the mainstream of society. The systematic promotion of mutual understanding among the generations, especially the young and the old, is essential to sustain the social fabric and to establish a basis to integrate retired persons into the society.

The chapter concludes with an assertion that "the task of inter-disciplinary research is to develop new and perhaps better ideas about the aging process and to examine the validity of the prevailing views within the framework of the Swiss culture. In spite of certain achievements made in gerontology in Switzerland, there is still a great area open to furtner development in old-age research. Only the creation of an adequate organizational framework could give gerontology in Switzerland the important role it deserves."

Planning Retirement

An issue of primary concern is the transition from employment to retirement. Retirement is fixed at 65 for men and 62 for women under the Old-age and Survivors' Insurance law; this may prevent an individual from retiring at the age most suitable for him. A gradual reduction of responsibilities with shorter work hours is regarded by some as very desirable toward full retirement. Although there have been some improvements through longer vacations for the elderly, the recent recession has interfered, frequently resulting in elderly being unemployed and finding re-employment very difficult if not impossible, although unemployment in 1984 is reported as only 1½% of the total work force.

It is recognized that more systematic preparation, along with counseling for retirement is needed; perhaps with adult-education courses. This takes on a new significance when one considers that a person may be retired from 15 to 25 years, and that many persons are in rather good health for most of that time; failure for preparation and sustenance during this time can lead to dissatisfaction, depression, lack of self-esteem and a will to live and frequently precipitates suffering and disease resulting in added expense and burden to

society.

Currently, there is an initiative by Swiss citizens, proposing to reduce age for women from 62 to 60 and for men from 65 to 63.[2] The initiative requires 100,000 signatures and, if accomplished, would compel parliament to call a plebiscite. To become law would require a majority affirmative vote by all Swiss voters as well as a majority in each of the cantons. While this proposal has momentum, some government officials advocate a later rather than earlier retirement age, citing added costs as one of the reasons.

Social Security

In December, 1972, the Swiss established by law in the federal constitution what they call the "Principle of the Three Pillars." Since 1975, basic pensions are paid from the Old Age and Survivors' Insurance which is the first pillar. A compulsory Occupational Provision Plan, the second pillar, is at present limited to those industries, public utilities, and certain other employers which have a voluntary pension plan for their employees. In 1977, only 18,000 pension funds were in effect; however, beginning in 1985, the second pillar becomes compulsory for all employees.

For the large number of self-employed persons in Switzerland, the private individual pension constitutes the third pillar.

Between 1970 and 1977, the minimum pension (first pillar) was increased from 2,400 to 6,300 Swiss Francs; the maximum from 4,800 to 12,600. Consequently, the national expenditure for Old Age Survivors' Insurance increased more than three hundred per cent, from three billion in 1970 to 9.8 billion Swiss Francs in 1978. Pension rates are revised every two years based on the consumer price index. Furthermore, for the transitional period until the Three Pillar Program is fully in effect, a pensioner may apply for supplementary benefits if he can demonstrate need based on income and assets. In 1977, almost 93,000 old-age pensioners were entitled to this supplementary benefit.

Many persons have chosen to remain employed beyond retirement age. If they are not employed in their principal career or field, there is no reduction of their pension under Old Age and Survivors' Insurance. Understandably, for many people this makes continued employment attractive, but with the enconomic recession of recent years, suitable employment is not always available.

The 1979 report contends, as do some officers of the social security agency, as well as retirees, that the current financial provisions for the aged are satisfactory for the vast majority, though not for all. They ac-

knowledge that "there is an important number of people, mostly single women, whose income is hardly enough to live on." A federal commission has been appointed to bring recommendations to assist those whose needs are not adequately met.

When the present national programs do not suffice, the local community or Gemeinde, private social institutions, or the family may provide assistance. Family traditions in Switzerland are strong. Further, to buttress those in financial distress there is provision under the law to compel families of ample financial means to assist their aging members.

There are various other financial concessions in behalf of the aging. While income tax is levied on retirement income, the federal rate and the rates among the cantons are lower than for other age groups. There are federal and cantonal requirements for discounts in admissions to museums, theaters, cinemas, musical concerts and tickets for public transportation by rail, trolley and bus, and the Swiss make heavy use of an excellent system of mass transportation.

Health Insurance

Sickness, accident, medical and surgical insurance is provided through some 900 private insurance companies throughout Switzerland, with most of the usual problems of policy cancellations, inadequate coverage or no coverage at all. This is probably the most troublesome gap in the provisions for the aging. There is now a bill in parliament proposing to make some changes and for government to assume responsibility for at least part of the insurance provisions. However, in view of the complexities of government in Switzerland and the stake which the private insurance companies now have, considerable time may be required to work out satisfactory long-term solutions.

Housing

Traditionally, the Swiss were a rural people and the family home has always been of primary importance; population mobility, compared with the United States, has been very low. Households in which several generations live together are now common only in rural areas. Yet, in spite of basic social change, 93% of the elderly live in private households, either alone, with a partner or other members of the family. This fact takes on major significance for the Swiss in effective planning of financial support and ser-

vices for the elderly. It also illustrates unmistakeably the strong desire to retain personal independence with the household as the center of life for the elderly. Retirees frequently live in older dwellings which are often larger, but less comfortable, and with fewer amenities than in the modern home. With increasing limitations or disabilities, many are no longer able to perform their normal household chores, hence, require more assistance from third parties, often strangers. Thus, the Swiss have a double problem: first, there are not nearly enough suitable dwellings for the elderly who need care and desire retirement or nursing homes; and, second, many who need care are determined to remain in their own family homes, sometimes with no rational plan for dealing with their limitations, even if their financial resources may be plentiful.

Institutional residences, far too few in number to meet the growing need, can be divided into four categories: apartments for the elderly, housing estates, retirement homes and nursing homes. Apartments for the elderly, usually located close to medical and social services, are recommended when persons living in their own homes, either because of location or because of their physical condition, can no longer subsist with itinerant services available such as household help, meals, cleaning services, home-nursing, augmented by day-center services. Housing estates are usually in clusters and are generally located in the larger communities. Retirement homes may be located in small towns or adjoining cities of various sizes and are built with single rooms with toilets, lavatory and shower, providing common services such as laundry, recreational equipment, telephone, television and dining. Some retirement homes are built on acreage which permits spacious lawn, a garden, fruit trees, housing for chickens, rabbits and other pets and are located near public transportation facilities, which are regarded essential for retirement living. Nursing homes are frequently located in the cities, and desirably not far from a hospital which has geriatric rehabilitative services.

The 1979 study report recommends that all four of those types of housing be clustered together to avoid frequent change of domicile during the later years of life. Federal financial support, at times supplemented by cantonal support, for construction of these facilities permits a rental charge at a reasonable level, sometimes at about the minimum social security pension. Applicants are screened for income and assets to admit those who demonstrate financial need for such support.

Nursing homes are built and financed by the cantons. They are in growing demand, on the one hand to relieve the hospitals of basic nursing cases, and on the other hand, by the retirement homes which are overburdened with

patients requiring nursing care. In many sections of the country there is an urgent need for more nursing homes. Few nursing homes for persons of modest means are built or operated by the private sector.

Medical Services

Physicians and the medical profession generally are in private practice throughout Switzerland; in contrast, hospitals are about 85% in the public sector, 15% in the private sector. For the most part, the physician is paid by the patient, sometimes supported by insurance benefits. The medical profession some years ago had almost given up making house calls. Younger physicians have reinstated the practice, which is of primary importance to the elderly wherever they live. Also, in residences for the elderly, the resident or patient makes the choice of physician and many physicians will make calls on patients unable to visit the office.

Social Services

The Swiss describe their public social services as either "open" or "closed." "Open" services are primarily intended for the aged who live in private homes while the "closed" services render assistance to residents and patients in institutional homes and hospitals.

In 1979 federal law made available the financing of limited "open" social services to the elderly under Old Age and Survivors' Insurance, primarily the counseling services along with the necessary documentation of cases. However, the "open" services with the cost paid by either the patient or one of the lower government agencies may include household help, cleaning, along with meal, laundry and repair services. Other support services include transportation, telephone friends, vacation friends and visitors services. In recent years many centers for the elderly have been introduced - places to which they may come for the day to associate with others; another form increasingly used is the day hospital (out-patient) for limited medical services and therapy.

With the multiplicity of suppliers and the many forms of assistance being rendered by public and private agencies, various means of coordination have been organized. Some cantons, communities (Gemeinde) and municipalities do this through the (Verein) association or agency. Such coordination also exists at the Confederation level, with financial support from the Old Age and Survivors' Insurance. These agencies or associations provide detailed annual reports, giving sources of public and private funds, expenditures for each ser-

vice rendered, the number of persons served and number of hours of each service rendered. They are widely distributed.

In the annual report of Pro Senectute (federal coordinating agency) for 1982, the following items are typical: covering 20 cantons, 898,000 home meals were served; in 2,300, household helpers assisted 6,900 households; in 11 cantons to ambulant and non-ambulant, 13,800 podiatric professional treatments were rendered. Social counselors at 83 centers made 27,800 home visits. Expenditures totalled 5,148,451 Swiss Francs, which were drawn from the respective public and private sources. These items illustrate the extent to which services are rendered and systematic records kept.

Exercise and Recreation

In all support services for the elderly, well-prepared and nourishing meals are emphasized. Keeping the body active is stressed, consistent with the Swiss tradition, hiking, bicycling, skiing and mountain climbing are for many people part of the weekly regimen and the elderly continue as their condition permits. In addition, facilities are provided in many locations, either in conjunction with retirement residences or elsewhere, for gymnastics, sports of various kinds, swimming, dancing and folk-dancing. In many programs initiated by the private sector these activities are emphasized, supplemented by a wide variety of more sedentary activities such as conversational groups, short courses, cooking, baking, sewing, embroidery, knitting, ceramics, sculpture, vocal and instrumental ensembles, and a variety of table games along with serving the interests and needs to pursue or to initiate individual hobbies.

Programs in the Private Sector

Since the mid-1970s, individuals and organizations in the private sector, including trade unions, churches, clubs and corporations have taken considerable initiative to establish and to promote activities for the elderly. One such organization is MIGRO, which provides centers for programs and activities for the elderly. MIGRO serves thousands every day and has branches in many cities and towns. Another example is an innovative residence and activities program in Winterthur established by an insurance company. The project is known as Zentrum am Obertor; it seeks to establish generationally integrated housing, programs and activities of all kinds. Residents of the apartments, who represent all age brackets, are chosen for their interest in

the intergenerational living experiment and their commitment to the broad and forward looking objectives. Their range of activities includes all those shown in the previous paragraphs and more; they serve both residents and many thousands on a non-resident basis; they cater to all levels and strata of Swiss society, summarized in the words of Goethe, "Hier bin ich Mensch, hier darf ich's sein." (Here I am a person; here I can be myself). A sociological study report which covers the first five years provides a very positive evaluation and regards it as a model which should be emulated in many other locations.

Staff Needs

In the various publications about programs for the elderly, the Swiss recognize that current and future needs require more and better educated physicians, social workers, nurses and auxiliary professions, with emphasis in geriatrics and gerontology. To supplement the professional personnel, more practical nurses, trained voluntary helpers and home leaders are needed; they are concerned about raising the image and status of the household helper for which there is heavy and growing demand.

Conclusion

It is evident that the Swiss people have taken important steps to study and analyze the problems of the elderly in a comprehensive approach through the report Old Age in Switzerland, published in 1966 and revised in 1979. They recognize the many facets of a sound system of support and services for the growing proportion of their population represented among the elderly. They are painfully aware that while a federal program of financial support through the "Principles of the Three Pillars", when fully in effect, should meet the minimum needs of the retired, a comprehensive program for the retired entails much more than finances. They see the need for enhancing the status and acceptance of the elderly and to find ways of promoting intergenerational awareness and sensitivity. They recognize the need for improved social services, more retirement and nursing homes, and additional geriatric medical services. In each category more and better professionally educated and more adequately trained personnel are required.

With demographic tables enunciating a continuing increase in the number and proportion of citizens past 65 and those 80 years and older increasing

most rapidly, the magnitude of the challenge is formidable even for the frugal and sturdy Swiss. It will require cooperation at all levels of government, in the family and throughout the private sector to meet the changing conditions and growing needs of the elderly.

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End Notes

1. --Die Altersfragen In Der Schweiz (Neubearbeitung 1979), Bericht der Kommission für Altersfragen, Zweite Umfassung, Blattseite 112.

2. According to Dr. Paul Witmer, First Secretary, Swiss Embassy, Washington, D.C., an initiative proposing to set retirement ages at 63 and 60, respectively, led to a plebiscite in 1979 in which the plan "was overwhelmingly defeated."

Tables

1. --"Population of Switzerland," summarized from various editions of Encyclopedia Britannica.
2. Ibid.
3. Ibid
4. --Die Altersfragen In Der Schweiz (Neubearbeitung 1979), Bericht der Kommission für Altersfragen, Zweite Umfassung, Blattseite 115.
5. --Bundesamt für Sozialversicherung, Bern, Die Schweiz, 1984.

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HAROLD L. SHEPPARD
Director